

# Brenner Tumour- Case Report

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Patient Munni Devi aged 60 years female was admitted in U.I.S.E. Maternity Hospital, C.S.V.M. Medical College, Kanpur, with chief complaints of lump in lower abdomen arising from right iliac fossa, extending upto right lumbar region and encroaching the right hypogastrium, 6 x 8 inches in size, for last 2½ years associated with intermittent spasmodic pain for last one year.

The tumour began with 2 x 3 inches in size, gradually increased in size and attained 6 x 8 inches in size over a period of 2½ years.

It was non-tender and firm on palpation and mobile; patient was post-menopausal for last 15 years. There was no history of bleeding per vaginum, urinary complaints or, gastrointestinal problems.

On general examination patient was of average built and height, general condition was good and it was afebrile. Pulse rate was 94 per min, respiratory rate 24 per min, B.P. 110/60mm. of Hg and there was no oedema or lymphadenopathy.

On per abdominal examination, there was a lump, spherical in shape and 6 x 8 inches in size arising from right iliac fossa and reaching upto right lumbar region and encroaching upto right hypogastrium. On palpation tumour was non tender, surface was smooth, margins well defined and lower limit could be reached, without any sign of ascites. Liver and spleen were not enlarged.

On per speculum examination cervical erosion was seen. On per vaginal examination- uterus normal size, left adenaxae were normal and on right side large solid ovarian mass was present. There were no nodules in pouch of douglas.

Exploratory laparotomy was done and a systematic

Routine Preoperative investigations were normal –

Hb%	-	10.4gm%
TLC	-	11600
DLC	-	P <sub>46</sub> L <sub>48</sub> E <sub>6</sub>
S. Bilirubin	-	0.5mg%
R.B.S.	-	78mg%
S. Creatinine	-	1mg%
Urine <sup>R</sup> <sub>M</sub>	-	NAD
E.C.G	-	W.N.L.
X-ray chest [P.A. View]	-	NAD
U.S.G.	-	Solid right ovarian mass present. Rest Normal
Pap smear	-	Negative.

examination of the abdominal cavity followed and then all peritoneal surfaces, undersurface of the diaphragm, surface of the liver, serosa of the stomach, small bowel, large bowel, mesentery and omentum were inspected.

Liver parenchyma, pancreas, kidneys and pelvic and para-aortic lymphnodes were palpated and found normal.

There was no haemorrhagic peritoneal fluid present and no nodules in pouch of douglas, no adhesions with surrounding structures.

Peritoneal fluid was aspirated and sent for cytological examination.

Total abdominal hysterectomy with bilateral salpingo-oophorectomy with omentectomy was done and tissues was sent for histopathological examination, which revealed Brenner's tumour of ovary right side.

It was unusual as there were no element of Meig's syndrome, no signs of malignancy and bleeding per vaginum.